

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564765	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>FACEBOOK, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 04 / 2016</b>	
Mailing Address <b>1601 WILLOW ROAD</b>		Amount <b>650.00</b>	
City <b>MENLO PARK</b>	State <b>CA</b>	Zip Code <b>94025</b>	Transaction ID : <b>SE24.576</b>
Purpose of Expenditure <b>MEDIA PLACEMENT - DIGITAL (Estimate)</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>RUSSELL FEINGOLD</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>
Calendar Year-To-Date Per Election for Office Sought <b>2041498.99</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 04 / 2016</b>	
Mailing Address <b>2200 WILSON BLVD.</b> <b>STE. 102-533</b>		Amount <b>6000.00</b>	
City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22201</b>	Transaction ID : <b>SE24.580</b>
Purpose of Expenditure <b>DIGITAL MEDIA PRODUCTION</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 04 / 2016</b>
Name of Federal Candidate <b>RUSSELL FEINGOLD</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>
Calendar Year-To-Date Per Election for Office Sought <b>2041498.99</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>6650.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Thomas F. Maxwell III*

[Electronically Filed]

Date

 MM / DD / YYYY  
**05 / 10 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564765	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>TWITTER INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 04 / 2016</b>	
Mailing Address <b>1355 MARKET STREET STE. 900</b>		Amount <b>250.00</b>	
City <b>SAN FRANCISCO</b>	State <b>CA</b>	Zip Code <b>94103</b>	Transaction ID : <b>SE24.585</b>
Purpose of Expenditure <b>MEDIA PLACEMENT - DIGITAL (Estimate)</b>		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>RUSSELL FEINGOLD</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>
Calendar Year-To-Date Per Election for Office Sought <b>2041498.99</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Google</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 04 / 2016</b>	
Mailing Address <b>1600 Amphitheatre Parkway</b>		Amount <b>100.00</b>	
City <b>Mountain View</b>	State <b>CA</b>	Zip Code <b>94043</b>	Transaction ID : <b>SE24.001</b>
Purpose of Expenditure <b>MEDIA PLACEMENT - DIGITAL (Estimate)</b>		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>RUSSELL FEINGOLD</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>
Calendar Year-To-Date Per Election for Office Sought <b>2041498.99</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>350.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas F. Maxwell III

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Date

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PAGE	3	OF	3
FOR SE OF FORM 24/48			

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>FP1 STRATEGIES LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 09 / 2016</b>	
Mailing Address <b>PO BOX 16504</b>		Amount <b>9450.00</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22302</b>	Transaction ID : <b>SE24.591</b>
Purpose of Expenditure <b>TV/MEDIA PRODUCTION</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 10 / 2016</b>	
Name of Federal Candidate <b>RUSSELL FEINGOLD</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>	
Calendar Year-To-Date Per Election for Office Sought <b>2041498.99</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>9450.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>16450.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Thomas F. Maxwell III*
*[Electronically Filed]*

Date

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**05 / 10 / 2016**

Signature